

# Chelsea Yacht Club

## Youth Sailing Emergency Treatment Authorization

Participants Name \_\_\_\_\_

Emergency Contact Person (first contact should be local):

1. \_\_\_\_\_  
Name Relationship Telephone
2. \_\_\_\_\_  
Name Relationship Telephone
3. \_\_\_\_\_  
Name Relationship Telephone

I, \_\_\_\_\_, (Parent/Guardian) of

\_\_\_\_\_ authorize the program organizers or their employees to sanction emergency treatment if none of the above can be contacted at the time of an emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Relationship

Emergency telephone for Parent/Guardian:

\_\_\_\_\_  
Home

\_\_\_\_\_  
Business

\_\_\_\_\_  
Cell

PLEASE LIST ALL KNOWN ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ALL MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

*This form must be completed in its entirety for registration to be fully processed.*